



Plague

County _____

LHJ Use ID _____

☐ Reported to DOH

Date ____/____/____

LHJ Classification

☐ Confirmed

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____

LHJ Cluster
Name: _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date:
____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Zip code (school or occupation): _____ Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age ____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp: ____ °F
Type: ☐ Oral ☐ Rectal ☐ Other: ____ ☐ Unk

☐ ☐ ☐ ☐ **Chills**

☐ ☐ ☐ ☐ **Headache**

☐ ☐ ☐ ☐ Muscle aches or pain (myalgia)

☐ ☐ ☐ ☐ **Malaise**

☐ ☐ ☐ ☐ Cough

Onset date: ____/____/____

Productive ☐ Y ☐ N ☐ DK ☐ NA

☐ ☐ ☐ ☐ **Sore throat**

☐ ☐ ☐ ☐ **Tender, swollen glands**

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ **Hospitalized for this illness**

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ **Died from illness** Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

Collection date ____/____/____

Source _____

P = Positive O = Other

N = Negative NT = Not Tested

I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ Leukocytosis

☐ ☐ ☐ ☐ ☐ **Y. pestis** antibodies elevated but < 4-fold rise
(serum pair) with no history of vaccination
[Probable case]

☐ ☐ ☐ ☐ ☐ **Y. pestis** F1 antigen by fluorescent assay (clinical
specimen) [Probable case]

☐ ☐ ☐ ☐ ☐ **Y. pestis** culture (clinical specimen)

☐ ☐ ☐ ☐ ☐ **Y. pestis** antibodies with ≥ 4-fold rise

☐ ☐ ☐ ☐ ☐ **Y. pestis** nucleic acid detection (i.e. PCR)

NOTES

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Regional lymphadenitis ("bubo")**

Location: ☐ Inguinal ☐ Femoral

☐ Cervical ☐ Right axillary ☐ Left axillary

Other location: _____

Size: _____

Tender ☐ Y ☐ N ☐ DK ☐ NA

Erythematous ☐ Y ☐ N ☐ DK ☐ NA

☐ ☐ ☐ ☐ **Respiratory distress**

☐ ☐ ☐ ☐ **Pharyngitis**

☐ ☐ ☐ ☐ **Pneumonia**

☐ ☐ ☐ ☐ Hemoptysis

☐ ☐ ☐ ☐ Skin ulcer

☐ ☐ ☐ ☐ **Sepsis syndrome**

☐ ☐ ☐ ☐ **Bubonic plague**

☐ ☐ ☐ ☐ **Pneumonic plague**

☐ ☐ ☐ ☐ **Septicemic plague**

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Exposure period*

-7

-1

o
n
s
e
t

Contagious period

Rarely spread person to person unless in pneumonic form—then contagious while symptomatic

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____

Y N DK NA

☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: _____
☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
☐ ☐ ☐ ☐ Direct contact with a confirmed human case
☐ ☐ ☐ ☐ Attended social gatherings or crowded setting
☐ ☐ ☐ ☐ Occupational exposure
☐ Laboratory worker ☐ Veterinarian
☐ Other: _____
☐ ☐ ☐ ☐ Handled sick or dead animal
Type: _____
Date of exposure: ____/____/____
☐ ☐ ☐ ☐ Handled tissue of infected animal
Type: _____
Date of exposure: ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Exposure to pets
Cat or kitten ☐ Y ☐ N ☐ DK ☐ NA
Dog or puppy ☐ Y ☐ N ☐ DK ☐ NA
Other: _____
Pet free-roaming? ☐ Y ☐ N ☐ DK ☐ NA
Was the pet sick? ☐ Y ☐ N ☐ DK ☐ NA
☐ ☐ ☐ ☐ Wildlife or wild animal exposure
Specify: _____
☐ ☐ ☐ ☐ Slept in cabin or outside
☐ ☐ ☐ ☐ Slept in places with evidence of rodents (e.g. animals, nest, excreta)
☐ ☐ ☐ ☐ Wild rodent or wild rodent excreta exposure
Where rodent exposure probably occurred: _____
☐ ☐ ☐ ☐ Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work)
☐ ☐ ☐ ☐ Insect bite
☐ Flea ☐ Unk
Location of insect exposure
☐ WA county ☐ Other state ☐ Other country
☐ Multiple exposures ☐ Unk
Date of exposure: ____/____/____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: _____

☐ No risk factors or exposures could be identified

☐ Patient could not be interviewed

PATIENT PROPHYLAXIS/TREATMENT

Y N DK NA

☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Name: _____
Date antibiotic treatment began: ____/____/____ # days antibiotic actually taken: _____

PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ Potential bioterrorism exposure

PUBLIC HEALTH ACTIONS

☐ Pest control
☐ Rodent
☐ Flea
☐ Education on rodent control
☐ Isolation while symptomatic (pulmonary or pharyngeal)
☐ Chemoprophylaxis and quarantine (for 7 days) of contacts, including medical personnel
☐ Other, specify: _____

NOTES

Investigator _____

Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____